**Certification of (Chronic) Homeless Status**

Tenant Name:

**Instructions:** This form provides a suggested timeline to analyze whether or not the chronology of a person’s history meets the time frame for the definition of chronic homelessness. This should capture both experiences of homelessness and breaks of seven (7) days or more. A household can self-certify up to three (3) months of episodes of homeless and still be considered as documented with third party verification.

Third party documentation is required from at least one of the following sources:

\_\_\_Certification letter(s) from an emergency shelter for the homeless. Attach to this form

\_\_\_Certification letter(s) from a homeless service provider or outreach worker. Attach to this form

\_\_\_Certification letter(s) from any other health or human service provider. Attach to this form

**Definition:** a household experiencing chronic homelessness as: a homeless person/family with a disability **AND** has been continuously homeless for twelve (12) months or more. *(HUD defines “homeless” as “a person sleeping in a place not meant for human habitation [e.g. living on the streets] OR living in an emergency shelter.)* **OR** has had four (4) episodes of homelessness in the last three (3) years, where the total of these episodes equals at least twelve (12) months. *(An episode of homelessness is defined by a break of seven [7] days or more.)*

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| **Time Period (Entry/Exit dates)** | **Location (shelter name or housing)** | **3rd Party/Self-Certify** |
| *Example: 01/01/05 – 02/27/05* | *ABC Shelter, Indianapolis* | *3rd party* |
| *Example: 02/28/05 – 3/10/05* | *Staying with a friend, Indianapolis* | *Self-Certify* |
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By signing below, I am self-certifying that the above information regarding my housing and stays in shelter programs is true and accurate to the best of my knowledge. I have been informed that this assistance is funded by the United States Department of Housing and Urban Development (HUD). I have been informed that I am subject to the laws and statutes of HUD in regard to making untrue statements.

Tenant Signature Date Staff Signature Date